OPERATIONAL REQUIREMENTS

Quality Clinical Services

The Cancer Detection Section (CDS) utilizes Clinical Coordinators as the local clinical presence of *Cancer Detection Programs: Every Woman Counts* (*CDP: EWC*) for program providers. Clinical staff are responsible for promoting and administering the *CDP: EWC* program to providers, referred to as the Provider Network. The clinical program components that Clinical Coordinators must administer are management of the Provider Network and optimization of Quality Assurance.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996, and took effect in 2003. It establishes standards for Protected Health Information (PHI) from disclosure, and informs patients of how their information will be used. *CDP: EWC* must abide by very stringent rules and regulations related to HIPAA. This ensures that all communication of PHI is confidential.

- Clinical Coordinators are responsible that all program components of the SOW, including Quality Clinical Services and Tailored Education, is in compliance with all rules and regulations. Clinical Coordinators shall support providers in their effort to maintain patient privacy and confidentiality and assess providers as appropriate.
- Clinical Coordinators must have on file a signed Confidentiality Statement that is renewed yearly. Each Primary Care Provider (PCP) is responsible for complying with HIPAA.

Clinical Staff

- The clinical Scope of Work (SOW) must be conducted by Clinical Coordinators and Clinical Coordinator Supervisors. Clinical Coordinator Supervisors are included in all references to Clinical Coordinators in the contract and Scope of Work (SOW) documents. Additional information can be found in the Core Competency Requirements documents.
- Clinical Coordinators are responsible for having in depth knowledge of all program clinical components and manuals such as the *Program Manual for Primary Care Providers*, the *CDP: EWC* portion of the *Medi-Cal Manual,* the *Medi-Cal Bulletin*, the *Step-by-Step Provider User Guide*, the *Provider Site Review Tool,* program algorithms, and all future manuals and updates.
- The Clinical Coordinator's role is to be directed at completing contract SOW and deliverables for the CDS. On occasion, (s)he may be asked about assisting women whose needs are not included in the program. For these occasional occurrences, the Clinical Coordinator shall create and maintain a list of providers offering free and/or low cost breast and cervical cancer screening services.
- The Clinical Coordinators are employed solely to support CDS program standards and protocols (*CDP: EWC*) in the SOW. While under the employ of the contract, Clinical Coordinators must not present themselves as representing other programs or services within the California Department of Health Services

(CDHS) such as Medi-Cal; Family Planning, Access, Care and Treatment; the Breast and Cervical Cancer Treatment Program; or other entities outside of CDHS.

Provider Network

CDS uses PCPs as program providers who are responsible for the case management and data input of each patient. The PCPs are the only providers that are enrolled into *CDP: EWC*. The PCPs enroll and recertify eligible women in the program and refer these eligible women to other Medi-Cal referral providers such as radiologists and surgeons, who provide additional screening and diagnostic services. Clinical Coordinators must promote program entry through the Consumer 800 number.

References to PCP, *CDP: EWC* providers, and program providers, are used throughout CDS documents to be interpreted as and to describe providers that are enrolled in *CDP: EWC*. Clinical Coordinators must keep up-to-date files on all providers enrolled, and upon CDS request, make the file available to CDS.

Recruitment

The Clinical Coordinator's focus is to be placed on maintaining the current network of *CDP: EWC* providers. A provider must be a PCP in good standing with Medi-Cal. If new providers are needed to replace providers who have left the network, Clinical Coordinators are to place an emphasis on recruiting providers that have culturally sensitive practices that serve CDS priority populations. Providers that are located in the communities where priority populations reside and that meet CDS provider criteria are to be considered. If a gap in service is identified by CDS and/or the Contractor, the Clinical Coordinator shall follow the current CDS enrollment process for enrolling prospective providers. Clinical Coordinators are to follow CDS policies and procedures to enroll new providers. Only CDS forms and future revisions thereof are to be used.

Using CDS protocols and tools, Clinical Coordinators shall provide on-site orientation tailored for the PCP, and shall include an audience of: 1) clinicians; 2) front office staff who assist clients with paperwork; 3) staff that assist with program eligibility, enrollment, data entry and case management; and 4) office managers. The PCP requires an on-site orientation. Orientation shall include CDS clinical standards, basic screening, tracking and follow-up services, case management, and recording and transmission of clinical data elements. Clinical Coordinators shall ensure providers have access to the current CDS required policies and procedures, professional education/training information, breast and cervical cancer screening diagnostic algorithms, and other CDS approved resources made available.

Web-based data submission for PCPs is required for *CDP: EWC* and is a very important component to orientation of new PCPs. Failure to submit correct data will jeopardize a provider's ability to participate in *CDP: EWC*. The provider will report data as mandated by CDS, using online breast/cervical screening and follow-up forms. These forms collect data on screening, timely follow-up for abnormal screening results, diagnostic procedures, outcomes, final diagnosis, treatment disposition, and rescreening information. This data is used for program quality improvement. CDS evaluates the data for completeness and correlation with program standards. Clinical Coordinators shall provide feedback and/or technical assistance to providers as needed. Guidelines for completing the data forms are available in the *CDP: EWC Step By Step Provider User Guide*. This guide is available at: www.medi-cal.ca.gov. The *Step-By-Step*

Provider User Guide is regularly updated, and Clinical Coordinators are responsible for checking for updates at regular intervals.

The web-based data submission is based on Minimum Date Elements (MDEs). MDEs are standardized data elements developed to ensure consistent and complete information on patient demographic characteristics, screening results, diagnostic procedures, tracking and follow-up, and treatment information. Data requirements have been established by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). CDS utilizes MDEs to monitor clinical outcomes. They are incorporated into CDS' clinical and program standards of *CDP: EWC*. MDEs are collected via *CDP: EWC* web-based online breast/cervical screening and follow-up forms.

Maintenance

Clinical Coordinators are responsible for ensuring providers are appropriately informed of changes in CDS policies and procedures. They are also responsible for providing timely training related to program changes. Examples include but are not limited to: changes in Provider Enrollment procedures, changes in clinical standards or practice, and changes in allowable expenses billed to *CDP: EWC*.

CDS requirements will be met if the PCP has a good clinic management system in place. The PCP must organize clinic management systems that 1) track completion of the breast and/or cervical cancer screening for all program eligible women served; 2) follow-through with the recommended diagnostic referrals when indicated; 3) refer clients to treatment resources when necessary; 4) refer clients to supportive resources; 5) contact clients for annual rescreening; and 6) support the accurate recording and submission of program clinical data.

The Centers for Disease Control and Prevention (CDC) components of Case Management are utilized by CDS. Providers that meet program requirements indicate that Case Management is provided to clients as evidenced by complete data submission. Case Management components, as identified by CDC, include: 1) *assessing* individual clients' barriers to timely access and utilization of care; 2) *educating* clients regarding the cancer screening process and navigation of medical systems; 3) *referring* to other providers; 4) *coordinating* service provision with clients and other professionals; 5) *assisting* clients with negotiation of barriers to care; 6) sending reminders and bringing women back for regular *rescreening,* and acquiring diagnostic test results and outcomes from referral providers; and 7) *documenting* patient outcomes on an online data submission application, including a final diagnosis.

- Clinical Coordinators are responsible for training their network of providers. Trainings using CDS tools may be mandated when CDS identifies providers who are not following program standards.
- All provider trainings are to be recorded at least monthly on the web-based database.
- Clinical Coordinators must be prepared to provide plans for expanding and reducing the provider network as directed by CDS. CDS will give two weeks notice before any plan must be presented to CDS.
- Clinical Coordinators shall update and maintain provider contacts on a monthly basis the on the web-based database.

Statewide Consumer 800 Number

- Clinical Coordinators shall ensure the Consumer 800 Number is a program resource statewide.
- Clinical Coordinators shall regularly notify the CDS Provider Services Unit (PSU) of provider clinical contact changes.
- Clinical Coordinators shall investigate complaints reported to the Consumer 800 Number within 30 days of receipt and maintain a log of all completed activities resolving complaints, which will be made available in confidential format to CDS within two weeks upon request.
- Clinical Coordinators shall aggregate complaints reported to the Consumer 800 Number, identify trends, and provide a narrative report of complaints such as type of complaints, outcomes, resolution, and trends, during the reporting period. This information will be requested in the progress report.
- Clinical Coordinators shall support CDS policy that mandates provider-initiated blocked referrals, which necessitates a provider's signature on provider letterhead to the Consumer 800 Number Contractor, with a copy to the Clinical Coordinator. If the Clinical Coordinator becomes aware that the provider is no longer rendering medical services due to instances such as death or retirement, the Clinical Coordinator is to inform the CDS PSU. CDS will inform the Consumer 800 Number of the change in that provider's status.

Quality Assurance

The clinical component of the contract is responsible for maintaining national clinical standards set by CDC. Measurement of adherence to the national standards is accomplished by prompt data submission by *CDP: EWC* PCPs. Two measures of effectiveness that CDS uses are the Provider Site Review and Continuous Quality Improvement (CQI) projects.

Provider Site Reviews

The CDS Provider Site Review is a key element in evaluation of *CDP: EWC* PCPs. It provides a critical factor in the CDS program quality assurance. Clinical Coordinators are required to use the current CDS Provider Site Review Tool as directed by CDS. The Provider Site Review Tool provides a consistent method of documentation of a provider's performance. The Provider Site Review Tool is a mechanism to assist CDS in maintaining a satisfactory level of data from CDS providers.

- Clinical Coordinators must perform a minimum of the required Provider Site Reviews as established by Program Letter per fiscal year. The range will be between 12 and 18 Provider Site Reviews per month per FTE Clinical Coordinator as reported in the contract. The Provider Site Review requirement will not vary according to whether the position is filled or not.
- Clinical Coordinators must prioritize site review visits to assist providers who are experiencing data reporting problems. Providers experiencing difficulty in submitting data will be identified by data reports published by CDS. Clinical Coordinators shall perform Provider Site Reviews on at least ninety percent (90%) of providers identified on CDS mandatory reports for follow-up as not compliant with CDC benchmarks. CDS may designate two reports per year (one

per reporting period) as requiring mandatory provider follow-up via Provider Site Reviews. Ninety percent (90%) mandatory Provider Site Reviews is to be considered part of the required Provider Site Reviews per reporting period. If the ninety percent (90%) mandatory Provider Site Reviews is more than the required minimum Provider Site Reviews, the 90% will supersede the requirement of the objective.

- Clinical Coordinators shall conduct Provider Site Reviews to identify the need for, and offer technical assistance to PCPs. PCPs are responsible for providing quality services to women and providing appropriate data to CDS. Clinical Coordinators may develop improvement action plans for providers.
- Clinical Coordinators shall verify that providers have program clinical resources readily available. Clinical Coordinators should also provide tools to use for tracking and follow-up. These tools may include but are not limited to: flow sheets and related forms, alert notices such as chart stickers to identify next screening date, reminder post cards, personal records for clients to track their own screening, tracking forms, and tickler systems.
- Clinical Coordinators shall aggregate and analyze Provider Site Review outcomes during each reporting period, identify trends, and actions taken to improve provider performance, based on the CDS provider data reports.
- The Clinical Coordinator must update the web-based Provider Site Reviews on a monthly basis.

CDS Continuous Quality Improvement Projects

Per CDS discretion, Clinical Coordinators will be required to participate in specific CDS CQI projects. These will be directed at improving MDE data. An example of a CDS CQI project is data abstraction to retrieve data too old to be entered into the web-based system. Data abstraction efforts may take place several times a year. Projects may mandate use of CDS tools and protocols. Clinical Coordinators shall submit a narrative report on the status of either type of project in each progress report as implemented.